

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF MISSOURI

D. Yvette Jenkins - ms Daniel  
Plaintiff )  
vs. Housing Authority of )  
Spfld. AKA )  
HAS Property of Spfld, mo )  
Defendant )

Case No. \_\_\_\_\_

**AFFIDAVIT OF FINANCIAL STATUS**

I, D. Yvette Jenkins - ms Daniel, declare that I am the plaintiff in this case, that because of my poverty I am unable to pay the costs of these proceedings, and that I believe I am entitled to relief.

I further swear that the responses which I have made to the questions below and the information I have given relating to my ability to pay the costs of commencing and prosecuting this action are true.

**I. MARITAL STATUS AND PERSONAL DATA**

- A. Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: X Divorced: \_\_\_\_\_
- B. Name of Spouse: Jeff Scott ms Daniel
- C. Age of plaintiff, petitioner or complainant: 58
- D. Age of spouse: 49
- E. Address of plaintiff, petitioner or complainant: 1618 W. Lombard, Spfld, Mo. 65802  
Telephone: 417.353.9609
- F. Address of spouse: 535 S. Ingram Mill Rd.  
Telephone: 417.771.4338

- G. State name or names of dependents who live with you, their age, address, relationship, and how much of their monthly support you provide:

None

\_\_\_\_\_

\_\_\_\_\_

## II. EMPLOYMENT

- A. Name of employer: None

Address of employer: \_\_\_\_\_

Employer's telephone: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Job title or description: \_\_\_\_\_

Net Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Gross Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Does employer provide health insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

If employer provides health insurance, describe coverage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- B. Previous employment (Answer only if presently unemployed)

Name of employer: HAS Properties

Address of employer: 421 W. Madison

Employer's telephone: 417. 866. 4329 Length of employment: 15 yrs. 1 month

Job title or description: Receptionist

Net Income: Bi-wkly \$646.09 Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Gross Income: Bi-wkly \$870.40 Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Oct. 17, 2016 would have been 16yr. Anniversary would have rec'd a raise.

C. Employment of spouse:

Name of employer: DHL

Address of employer: I Do not know any of this. Had to file

Employer's telephone: an X-part to for peace sake I stay out

Length of employment: of his Personal Business.

Job title or description: \_\_\_\_\_

Net Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Gross Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

III. FINANCIAL STATUS

(Answer questions on behalf of both the plaintiff, petitioner or complainant and spouse).

A. Owner of real property? Yes \_\_\_\_\_ No X

If yes - Description: \_\_\_\_\_

Address: \_\_\_\_\_

In whose name? \_\_\_\_\_

Estimated value: \_\_\_\_\_

Total amount owed: \_\_\_\_\_

Owed to: \_\_\_\_\_

Annual income from property: \_\_\_\_\_

B. Owner of automobile: Yes X No \_\_\_\_\_

If yes - Number of automobiles owned: \_\_\_\_\_

Make Civic Model Honda Year 2003

Make Ceprice Model Chevrolet Year 1984

In whose name registered? D. Quetta Blackleg-Jenkins.

Present value: Honda I do not know. Ceprice appraised \$100.00. Trying to sell the Honda. Ceprice does not run.

Amount owed on the automobile(s): None

Owed to: NA

Monthly payment(s): None

C. Cash on hand: (Include checking and savings accounts)

\$ Purse \$7<sup>00</sup> chg. dkg. \$3487.76

remains.

List names and addresses of banks and associations:

Guaranty - 1341 W. Battlefield, Spfld, Mo. 65807

**Please do not state account numbers.**

D. Have you received within the past 12 months any money from any of the following sources: Feb. 2017 to Feb 2018.

	Yes	No
Rent payments, interest or dividends?	<u>—</u>	<u>X</u>
Pensions, trust funds, annuities or life Insurance payments?	<u>—</u>	<u>X</u>
Gifts or inheritances? <u>Xmas.</u>	<u>X</u>	<u>—</u>
Welfare Payments?	<u>—</u>	<u>X</u>
ADC or other governmental child support?	<u>—</u>	<u>X</u>
Unemployment benefits?	<u>—</u>	<u>X</u>
Social Security Benefits	<u>—</u>	<u>X</u>
Other sources? <u>401 K w/Drawals</u> <u>Loan from Cousin.</u>	<u>X</u>	<u>—</u>

E. If the answer to any item in D above was "Yes", describe each source of money and state the amount received from each during the past 12 months:

Xmas - \$50<sup>00</sup>. 401 K - June 2017 - \$9600<sup>00</sup> -  
To Buy a car & live. Dec. 2017 - \$6000<sup>00</sup> - To live &  
repair mother's car - main source of  
Transportation. \$500<sup>00</sup> Loan from Cousin  
for Utility Bill.



IV. OBLIGATIONS

A. Monthly rental on house or apartment: \$415<sup>00</sup>

B. Monthly mortgage payments on house: None

Amount of equity in house: NA

C. Monthly mortgage payments on other properties: \$ None

Amount of equity in other properties: \$ 100<sup>00</sup> Caprice. Not Sure of Honda.

D. Household expenses: \$20 to \$25 monthly? share w/ mother & son. Do their laundry.  
Monthly grocery expense: \$40<sup>00</sup> monthly? Get left over's from mother.

Monthly utilities: on Level Pay. Currently recalculating amt. was \$166.00 then  
Gas: \$323.00. Balance being re-evaluated.

Electric: \_\_\_\_\_

Water: \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

E. Other debts and miscellaneous monthly expenses:

TO WHOM OWED AND FOR WHAT REASON INCURRED?	MONTHLY PAYMENTS	BALANCE DUE
Cable - Media com.	\$84 <sup>11</sup>	None
C.U. 26 Spd. - Utl.	not determined yet.	\$1092 <sup>00</sup> Level Pay Bal.
Phone Card - Straight Talk	\$32 <sup>28</sup>	None
1/2 Gas X-pense w/son.	\$40 <sup>00</sup>	None
Equity Ins. - Car Ins.	\$46 <sup>00</sup>	\$156 <sup>00</sup>
Cox - annl. Yr. 26 visit	\$10 <sup>00</sup>	\$156 <sup>00</sup>
KCS Pharmacy - meds.	\$9 <sup>00</sup>	None

Helping my mother's son w/their prescription costs. about \$20/\$25<sup>00</sup> a month.

V.

**OTHER INFORMATION PERTINENT TO FINANCIAL STATUS**

(Include information regarding stocks, bonds, savings bonds, either individually or jointly owned).

None.

I understand that a false statement or answer to any question in this affidavit will subject me to penalties of perjury.

D. Quetta Jean McDaniel

Signature of Plaintiff or Plaintiffs

**VERIFICATION**

State of Missouri )  
County of Greene )

I, being first duly sworn under oath, state that I know the contents of this affidavit and that the information contained in the affidavit is true to the best of my knowledge and belief.

D. Quetta Jean McDaniel

Signature of Plaintiff or Plaintiffs

**All parties must verify**

SUBSCRIBED AND SWORN TO before me this 23<sup>rd</sup> day of February, 20 18

Brittany Russom  
Notary Public

Brittany Russom

10/07/2018  
My Commission Expires

